

EXHIBIT 1
CLAIM FORM

Town & Country Jewelers, LLC v. Meadowbrook Insurance Group, Inc.
U.S.D.C. District of New Jersey, Case No. 3:15-cv-02419

_____, Claims Administrator
PO Box [_____] _____
[_____]

Toll-Free Number: x-xxx-xxx-xxxx
Website: www.xxxxxxxxxxxxxxxxxx.com

<<mail id>>
<<Name1>>
<<Name2>>
<<Address1>>
<<Address2>>
<<City>><<State>><<Zip>>

CLAIM FORM

TO RECEIVE BENEFITS FROM THE SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST COMPLETE THE AFFIRMATION. IF THIS CLAIM FORM IS SUBMITTED ONLINE, YOU MUST SUBMIT AN ELECTRONIC SIGNATURE. THE PERSON EXECUTING THIS FORM ON BEHALF OF A CORPORATION OR OTHER LEGAL ENTITY MUST BE AUTHORIZED TO DO SO, AND BY SIGNING BELOW IS SO ATTESTING.

YOUR CLAIM FORM MUST BE SUBMITTED ON OR BEFORE [INSERT CLAIM DEADLINE].

1. CLAIMANT INFORMATION:

CLASS MEMBER NAME (IF CLASS MEMBER IS A CORPORATION OR OTHER LEGAL ENTITY)

POSITION OF AUTHORIZED REPRESENTATIVE

FIRST NAME MIDDLE NAME LAST NAME (FOR AUTHORIZED REPRESENTATIVE)

ADDRESS 1

ADDRESS 2

CITY STATE ZIP (optional)

FACSIMILE NUMBER(S) (where you received advertisements) E-MAIL ADDRESS (optional)

CLASS MEMBER ID (if known)

2. AFFIRMATION:

☐ By checking this box and submitting this Claim Form, I certify that the information above is true and accurate and that, on or after April 8, 2011 through _____, I received an advertisement sent to my telephone facsimile machine from Meadowbrook Insurance Group, Inc. (or any of its agents or entities). This Claim Form may be researched and verified by Meadowbrook and/or the Claims Administrator.

Date: _____

QUESTIONS? VISIT www.xxxxxxxxxxxxxxxxxx.com OR CALL [_____]